## WASHOE COUNTY PUBLIC RECORDS REQUEST FORM



All requests for public records will be responded to in accordance with the provisions of Chapters 239 – 239B of Nevada Revised Statutes and Washoe County Resolution Adopting Public Records Policies and Procedures. Our policy is to fill a request within 5 working days or less unless the requester is informed that the request will take additional time.

request within 5 working	days or less unle	ess the requester	is informed that t	he reques	t will take additional time	e.		
This section should	d be compl	eted by the	Requester (d	ption	al)			
Data of Days		February 22, 2019						
Date of Reques								
Name of Request (Optional		ynolds						
Addres	s:							
Telephon	e:							
Documents Requested (Please be as specific as possible and include names and dates of the documents if you know them. This will help us respond to your request as fast as possible.)								
1. Information regarding the contract between Titan Seal and				6. Ti	6. Titan Seal presentation/pitch deck made to the County			
the Washoe County Recorder Office				Clerl	Clerk/County Recorder			
2. All information on why Titan Seal was selected: what was								
Titan Seal competitive advantage over the competition?								
3. List of other vendors that bid on the project 8.								
4. Screenshots of Titan Seal user interface								
5. List of perceived strength's and weaknesses of Titan Seal								
platform				10.				
March 1, 2019								
Date		AM_X						
Documents	I	.A.VIA	Signature:					
Needed By:*		PM	(Optional)					
Copy Needed:		No:	Certified Copy:		No:			
* If unable to fill request in 5 working days, requester must be informed in writing, along with the date record will be available.								
This section to be completed by the Department								
Department Receiving								
The Request: Recorder								
Actual Charge (if extraordinary use):								
Date Request Filled:		March 1, 2019			Employee Initia	ls:	KW	
Determination of Access if Document is not a known public record								
District Attorney Referral				Access Granted (circle one)				
Date Sent:	Date Re		Yes No					

Reason for Denial:
□ Entire record is confidential. (Please attach reason, including citation to specific statute or other legal authority.)
☐ Washoe County does not have legal custody of the record. (Please list name and address of the governmental entity that has legal custody, if known.)
Reason for Redacted Record: Please attach reason, including citation to specific statute or other legal authority.

A copy of the form should be given to requester and Copy retained in department records.